

## **Application Data Sheet**

### **APPLICATION INFORMATION**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?:

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: SYSTEM AND METHOD FOR ADMINISTERING  
HEALTH CARE COST REDUCTION

Attorney Docket Number:: 228278

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure:: 2

Total Drawing Sheets:: 13

Small Entity?: No

Latin Name::

Variety denomination name::

Petition Included?: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: No

### **APPLICANT INFORMATION**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Howard
Middle Name::	R.
Family Name::	Underwood
Name Suffix::	
City of Residence::	Bryn Mawr
State or Prov. of Residence::	PA
Country of Residence::	US
Street of mailing address::	830 W. Montgomery Avenue #412
City of mailing address::	Bryn Mawr
State or Province of mailing address::	PA
Country of mailing address::	US
Postal or Zip Code of mailing address::	19010-3319
Inventor Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Walter
Middle Name::	
Family Name::	Kastenschmidt
Name Suffix::	
City of Residence::	North Wales
State or Prov. of Residence::	PA
Country of Residence::	US
Street of mailing address::	32 Harper Lane
City of mailing address::	North Wales
State or Province of mailing address::	PA
Country of mailing address::	US
Postal or Zip Code of mailing address::	19454

## **CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 23460  
Phone:: (312) 616-5600  
Fax:: (312) 616-5700  
E-mail Address:: mail@leydig.com

## **REPRESENTATIVE INFORMATION**

Representative Customer Number:: 23460

Representative Designation::      Registration Number::      Representative Name::

## **DOMESTIC PRIORITY INFORMATION**

Application::      Continuity Type::      Parent Application::      Parent Filing Date::

## FOREIGN APPLICATION INFORMATION

Country::                      Application Number::    Filing Date::                      Priority Claimed

## ASSIGNEE INFORMATION

Assignee name::                      Aetna, Inc.

Street of mailing address:: 151 Farmington Avenue

City of mailing address::    Hartford

State or Province of  
mailing address::                      CT

Country of mailing  
address::                                      US

Postal or Zip Code of  
mailing address::                      01656-3124